

PRELIMINARY APPLICATION FOR SCHOOL CROSSING GUARD
MILWAUKEE POLICE DEPARTMENT – SAFETY DIVISION
6680 N. Teutonia Avenue, Room 151, Milwaukee, WI 53209

Name: _____
(Last Name) (First Name) (Middle Name)

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: ____/____/____ Social Security #: _____

Are you at least 18 years old? ____yes ____no If no, how old are you? _____

Are you currently a resident of the City of Milwaukee? ____yes ____no

Do you have a valid driver's license? ____yes ____no From what state? _____

EDUCATION AND TRAINING:

Circle the Highest Grade or Year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ____yes ____no Name of High School: _____

Have you passed a high school equivalency or G.E.D. Test? ____yes ____no ____not applicable

*Training beyond high school (college or university, nursing, business college, military or other training you have received).
Under credits earned, indicate Q for quarter hours or S for semester hours.*

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/ DATE COMPLETED
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EMPLOYMENT HISTORY:

Begin with present or most recent employment and work back. Account for all time during the past seven years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MY QUALIFY YOU FOR A POSITION. Attach additional pages if necessary.

Present or last employer	From (mo./yr.)	To (mo./yr.)	Duties
Address	\$	Per	
Your Title	Part-time/Full-time		
Supervisor's Name, Title, Phone No.	Reason for leaving		

Race: ____Black ____Hispanic ____American Indian ____Asian ____White
Sex: ____Male ____Female

Race and sex data are collected for the purpose of complying with Federal Regulations. This form will no become part of your permanent personnel file.

PLEASE ANSWER ADDITIOANL QUESTIONS AND SIGN STATEMENT ON REVERSE

Employer	From (mo./yr.)	To (mo./yr.)	Duties
	\$	Per	
Address	Salary/Wage		
Your Title	Part-time/Full-time		
Supervisor's Name, Title, Phone No.		Reason for Leaving	

Employer	From (mo./yr.)	To (mo./yr.)	Duties
	\$	Per	
Address	Salary/Wage		
Your Title	Part-time/Full-time		
Supervisor's Name, Title, Phone No.		Reason for Leaving	

Employer	From (mo./yr.)	To (mo./yr.)	Duties
	\$	Per	
Address	Salary/Wage		
Your Title	Part-time/Full-time		
Supervisor's Name, Title, Phone No.		Reason for Leaving	

Have you ever failed a Milwaukee Police Department background investigation.

_____ yes _____ no If yes, When: _____

If you have ever been convicted of an offense other than minor traffic violations, list details below. Use separate sheet if necessary:

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

NOTE: *Convictions are not an automatic bar to employment but are reviewed in relation to the job applied for. Convictions not reported may be cause for discharge. Your conviction record will be reviewed.*

BY SIGNING THIS PRELIMINARY APPLICATION, I CERTIFY THAT:

1. I understand that if I give false information at any time during this application process, I will be disqualified.
2. I know that, if I am hired and do not live in the City of Milwaukee, I must become a City of Milwaukee resident within six months of hire.

Applicant's Signature	Date
I am interested in being a (check one) School Crossing Guard _____	
	Substitute _____
	Either _____